S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37833

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 174

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. - - - - - - - - -
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - - - - - - -

3. (a) PRINT FULL NAME Joyce Elaine Smith
3. (b) If veteran, name war - - - -
3. (c) Social Security No. - - -
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced - - - -
6. (b) Name of husband or wife - - - - - - -
6. (c) Age of husband or wife if alive - - - years
7. Birth date of deceased Nov. (Month) 18, (Day) 1946 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. ---- min.

9. Birthplace Maryville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation - - - - - - -
11. Industry or business - - - -
FATHER
12. Name Ora Thornton Smith
13. Birthplace Scott City, (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Mary Albright
15. Birthplace Hopkins, (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Ora Smith
(b) Address Maryville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/46 (Month) (Day) (Year)
(c) Place: burial or cremation White Oak Cemetery
18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Missouri
19. (a) Nov 21-46 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1946 hour 3:00 minute A. M.
21. I hereby certify that I attended the deceased from Nov 19 '46, 19 Nov 19, 1946
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Inanition with Premature Birth
Due to Birth at 5 3/4 months
Due to Spontaneous Rupture of Amniotic Sac.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. T. Bell (M. D. or other) MD
Address Maryville Mo Date signed 11/20/46

224 (Licensed Embalmer's Statement on Reverse Side)

HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John W. Price,

Licensed Embalmer No. 4281

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.